



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
PUBLIC AND PRIVATE PREMISES
INSPECTION REPORT**

NAME: (OWNER, LESSEE, OCCUPANT, ETC.)

SHOP-4- LESS

ADDRESS: Lot #, street name, house/apt. #, building name:

LOT 1125- R5 RTE

INSPECTION/INVESTIGATION DATE:

8/19/2020

COMPLAINT #:

MUNICIPALITY/VILLAGE; SUBDIVISION:

MAITE, GUAM

THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS OF THE CORRESPONDING SECTIONS OF TITLE 10, GUAM CODE ANNOTATED

SECTION #	REMARKS	Not Observed	Corrected on the Spot (COS)	Repeat
	An assessment of the above-mentioned facility was conducted on this day to determine compliance with DPHSS Guidance Memorandum 2020-25 (June 22, 2020) during the COVID-19 emergency.			
	The following violations were observed and deemed a public nuisance:			
<input type="checkbox"/>	1. Failed to require and enforce mandatory use of face masks with employees/customers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2. Failed to enforce social distancing of a minimum of 6 feet between individuals in the interior and exterior premises of the property of the business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. Failed to post appropriate signage for face masks and social distancing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4. Failed to have a policy in place for the frequent cleaning of all surfaces.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	5. Failed to have and present an organization-specific guidance plan in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6. Failed to properly maintain the required occupant load of <u>35</u> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	7. Failed to adhere to the authorized number for social gatherings on business premises.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum <u>2020-32</u> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 20106 (Title 10 Guam Code Annotated, Chapter 20) authorizes Department of Public Health & Social Services to conduct inspections of all public and private grounds, buildings, & other places to enforce & order the immediate abatement of the public nuisance. Businesses that fail to comply with applicable & current Executive Orders and/or Public Health Guidances shall be deemed a public nuisance under Chapter 20, Title 10, of the Guam Code Annotated which are misdemeanors, if found guilty.				
Observations/Findings: <input type="checkbox"/> None				
EMPLOYEES & PATRONS WERE WEARING FACEMASKS.				
EMPLOYEES OBSERVE AND ENFORCE SOCIAL DISTANCING FOR EMPLOYEES & PATRONS				

YOU ARE HEREBY GIVEN 4 DAYS 4 HOURS TO CORRECT THE ABOVE CITED PROBLEMS.YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT 9/19/2020
(DATE)

RECEIVED BY (Print & Sign):

DOROTHY BALDENOR *Dorothy Baldenor*

DEH INSPECTOR (Print & Sign):

R. DRONDO, EPHO1 *R. Drondo*

"A" PLACARDS

REMOVED: 01633
POSTED: 02774

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	6	8/19/2020	PHOP-4-LESS
Follow-up		<input checked="" type="checkbox"/>		TIME IN: 11:30AM	PERMIT HOLDER
Complaint			RATING	TIME OUT: 12:20PM	EMC, INCORPORATED
Investigation			A	SANITARY PERMIT NO.	LOCATION (Address)
Other:				200700969	LOT 1125-RS RTE 8 MAITE, GUAM
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
RETAIL			4	4795553	1
					No. of Repeat Risk Factor/Intervention Violations
					0

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle or mark "X" designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Supervision					
1	IN	OUT			6
Person in charge present, demonstrates knowledge, and performs duties					
Employee Health					
2	IN	OUT			6
Management awareness, policy present					
3	IN	OUT			6
Proper use of reporting, restriction & exclusion					
Good Hygienic Practices					
4	IN	OUT	N/A	N/O	6
Proper eating, tasting, drinking, betel nut, or tobacco use					
5	IN	OUT	N/A	N/O	6
No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands					
6	IN	OUT	N/A	N/O	6
Hands clean and properly washed					
7	IN	OUT	N/A	N/O	6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed					
8	IN	OUT			6
Adequate handwashing facilities supplied & accessible					
Approved Source					
9	IN	OUT			6
Food obtained from approved source					
10	IN	OUT	N/A	N/O	6
Food received at proper temperature					
11	IN	OUT			6
Food in good condition, safe, and unadulterated					
12	IN	OUT	N/A	N/O	6
Required records available: shellstock tags, parasite destruction					
Protection from Contamination					
13	IN	OUT	N/A		6
Food separated and protected					
14	IN	OUT	N/A		6
Food contact surfaces, cleaned & sanitized					
15	IN	OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food					

Compliance Status			COS	R	PTS
Potentially Hazardous Food (TCS Food)					
16	IN	OUT	N/A	N/O	6
Proper cooking time and temperatures					
17	IN	OUT	N/A	N/O	6
Proper reheating procedures for hot holding					
18	IN	OUT	N/A	N/O	6
Proper cooling time and temperature					
19	IN	OUT	N/A	N/O	6
Proper hot holding temperatures					
20	IN	OUT	N/A	N/O	6
Proper cold holding temperatures					
21	IN	OUT	N/A	N/O	6
Proper date marking and disposition					
Consumer Advisory					
22	IN	OUT	N/A		6
Consumer Advisory provided for raw or undercooked foods					
Highly Susceptible Populations					
23	IN	OUT	N/A		6
Pasteurized Foods used, prohibited foods not offered					
Chemical					
24	IN	OUT	N/A		6
Food additives: approved and properly used					
25	IN	OUT			6
Toxic substances properly identified, stored, used					
Conformance with Approved Procedures					
26	IN	OUT	N/A		6
Compliance with variance, specialized process, and HACCP plan					

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box. If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Safe Food and Water					
27		Pasteurized eggs used where required			1
28		Water and ice from approved source			2
29		Variance obtained for specialized processing methods			1
Food Temperature Control					
30		Proper cooling methods used, adequate equipment for temperature control			1
31		Plant food properly cooked for hot holding			1
32		Approved thawing methods used			1
33		Thermometer provided and accurate			1
Food Identification					
34		Food properly labeled: original container			1
Prevention of Food Contamination					
35		Insects, rodents, and animals not present			2
36		Contamination prevented during food preparation, storage & display			1
37		Personal cleanliness			1
38		Wiping cloths: properly used and stored			1
39		Washing fruits and vegetables			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)	Date:
DEROTHY BALDEMOR MAJAGER	8/19/2020
DEH Inspector (Print and Sign)	Follow-up (Mark one): YES NO
R. ORIONDO, EPHO I / m	8/19/2020



GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



**COMPLIANCE CHECKLIST FOR RETAIL STORES
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14, AND
DPHSS GUIDANCE MEMO 2020-07 AND 2020-25**

Name of Establishment: SHOP - 4 - LESS Company Name: EMC, INCORPORATED

Location: LOT 1125 - R5 RTE 8 MAITE, GUAM

Item No.	Criteria	Comments	In Compliance with Executive Order and Industry Guidance	
	General Requirements			
1	Has a written policy and procedures for COVID-19 prevention and control measures prior to re-opening		Yes	No
2	Operates at no more than authorized occupancy rate		Yes	No
3	Posted signage at entrance stating that no one with COVID-19 symptoms is permitted inside		Yes	No
4	Posted signage at each entrance to remind employees and customers to sanitize hands upon entry and to maintain social distancing		Yes	No
5	Provides floor markings indicating distance for all line/queues		Yes	No
6	Mandating the wearing of face mask		Yes	No
7	Provides hand sanitizer inside each entrance		Yes	No
	Cleaning and Disinfection			
8	Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire facility		Yes	No
9	Routinely cleans and disinfects highly touch surfaces including counter tops, shopping carts, and baskets between users		Yes	No
10	Disinfects each re-useable customer contact item between each use (pen for credit cards, change tray, credit card machine, etc.)		Yes	No
11	Restrooms are checked, cleaned, and disinfected every 30 minutes		Yes	No
12	Follows CDC's cleaning and disinfecting guidelines		Yes	No
	Employee Health			
13	Screens employees and patrons before entering the facility		Yes	No
14	Provides and maintains PPE for employees to perform enhanced cleaning/disinfection		Yes	No
15	Stagger shifts, breaks, and meals whenever possible		Yes	No
16	Conducts training for employees on enhanced disinfection and proper PPE base on CDC guidelines		Yes	No

RECEIVED BY (Name and Title) <u>DOROTHY BALDEMOR</u>	DATE <u>8/19/2020</u>
DEH INSPECTOR (Name and Title) <u>R. ORIONDO, EPHD I</u> <i>Jri</i>	DATE <u>8/19/2020</u>